SENIAL NO. FILING DATE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO 876) APPLICANTS) 09/463958 AFTER AFTER AFTER ALEMENT 2nd AMENDMENT AS FILED IND. DEP. IND. DEP. IND. DEP. IND. DEP. DED. DEP. IND DEP. 2. . 16 :0 المعاليماتما TAL TOTAL (AL TOTAL DEP. :55 TOTAL MAY AS USED FOR ADDITIONAL CLASED OR AND DESCRIPTION OF A PROPERTY OF THE PROP

CLAIMS ONLY								Application Number Filing Date OS/467958 Applicant(s)						
							Applicant(s)	9 15	<u> </u>				
6-4-4 p-804 2-1075								* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					•		•		
1	Indep	Depend	Indep	Depend	Indep	Depend	51	Indep	Depend	Indep	Depend	Indep	Depend	
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Depend Total			9		<u> </u>		Depend Total							
Claims	18		7		9		Claims							